

# HOUSE BILL No. 1127

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## DIGEST OF INTRODUCED BILL

**Citations Affected:** IC 36-8-14.5.

**Synopsis:** Insurance for volunteer EMTs. Requires a county, municipality, or township that uses a volunteer ambulance company to purchase a policy of insurance to cover each volunteer emergency medical technician (EMT) who is a member of the volunteer ambulance company.

**Effective:** January 1, 2006.

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January 6, 2005, read first time and referred to Committee on Public Safety and Homeland Security.

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Introduced

First Regular Session 114th General Assembly (2005)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2004 Regular Session of the General Assembly.

## HOUSE BILL No. 1127

A BILL FOR AN ACT to amend the Indiana Code concerning local government.

*Be it enacted by the General Assembly of the State of Indiana:*

1 SECTION 1. IC 36-8-14.5 IS ADDED TO THE INDIANA CODE  
2 AS A **NEW** CHAPTER TO READ AS FOLLOWS [EFFECTIVE  
3 JANUARY 1, 2006]:

4 **Chapter 14.5. Volunteer Emergency Medical Technicians**

5 **Sec. 1. This chapter applies to all units.**

6 **Sec. 2. As used in this chapter, "member" means a person:**

7 (1) who, as a result of a written application, has been elected  
8 or appointed to membership with a provider;

9 (2) who, without compensation or with only nominal  
10 compensation, performs the work related duties assigned and  
11 orders given to the person by the chief executive officer of the  
12 provider, including orders or duties involving education and  
13 training as prescribed by the provider or the state; and

14 (3) whose name has been entered on a roster of volunteer  
15 emergency medical technicians that is kept by the provider  
16 and that has been approved by the proper officers of the  
17 provider.



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1        **Sec. 3.** As used in this chapter, "nominal compensation" means  
 2        an annual compensation of not more than three thousand five  
 3        hundred dollars (\$3,500).

4        **Sec. 4.** As used in this chapter, "provider" means a volunteer  
 5        ambulance company that has as a member an emergency medical  
 6        technician or other person working in a volunteer capacity.

7        **Sec. 5.** As used in this chapter, "volunteer ambulance company"  
 8        means a department or an association:

9        (1) that is:

10        (A) organized as a nonprofit corporation or an  
 11        unincorporated association; or

12        (B) created by a governmental unit;

13        to provide emergency medical services, including  
 14        transportation of ill or injured persons; and

15        (2) in which the majority of members of the department or  
 16        association:

17        (A) do not receive compensation; or

18        (B) receive only nominal compensation for the members'  
 19        services.

20        **Sec. 6. (a)** Each unit that has a provider shall procure insurance  
 21        in the name of and for the benefit of each member. However, if a  
 22        contract or an agreement exists between a unit and a provider, the  
 23        contract or agreement must provide for insurance of the provider's  
 24        members in the amounts, and including the coverage, required by  
 25        this chapter.

26        (b) Unless the contract or agreement stipulates otherwise, all  
 27        insurance coverage required under this chapter must be purchased  
 28        under a group plan. Either the unit or the provider, according to  
 29        the contract or agreement, may undertake procurement of the  
 30        required insurance. In either case, the costs of coverage must be  
 31        borne by the unit. If a provider serves more than one (1) unit under  
 32        a contract or an agreement, each unit that the provider serves shall  
 33        pay the amount for the insurance coverage determined under the  
 34        following formula:

35        **STEP ONE:** For each census block or other area in a unit that  
 36        is served by more than one (1) provider, divide the population  
 37        of the census block or other area by the number of providers  
 38        serving the census block or other area and round the quotient  
 39        to the nearest one-thousandth (0.001).

40        **STEP TWO:** Add the quotients determined under STEP ONE  
 41        for the unit.

42        **STEP THREE:** Determine the sum of the STEP TWO

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amounts for all the units served by the same provider.

**STEP FOUR:** Divide the STEP TWO amount for a unit by the STEP THREE amount and round the quotient to the nearest one-thousandth (0.001).

**STEP FIVE:** Multiply the costs of the insurance coverage for the provider by the quotient determined under STEP FOUR, rounded to the nearest dollar.

(c) A diminution of insurance benefits shall not be allowed to occur under this section because of a change in the insurance carrier or a change as to the person that actually procures the required insurance.

**Sec. 7. (a)** A policy of insurance required by this chapter must provide:

(1) to a member working for a provider; and

(2) for:

(A) accidental injury caused by or occurring in the course of the performance of the duties of the member; and

(B) a cardiac disease event occurring in the course of or proximately caused by and occurring within forty-eight (48) hours of the performance of the duties of the member;

payment under subsection (b).

(b) The payment required under subsection (a) is as follows:

(1) For total disability that prevents the member from pursuing the member's usual vocation, a weekly indemnity of at least two hundred fifty dollars (\$250) for a maximum of two hundred sixty (260) weeks.

(2) For medical expenses, coverage for incurred expenses. However, the policy may not contain medical expense limits of less than seventy-five thousand dollars (\$75,000).

**Sec. 8.** A policy of insurance required by this chapter must provide for the payment of at least one hundred fifty thousand dollars (\$150,000) to the beneficiary, the beneficiaries, or the estate of a member if the member dies from:

(1) an injury sustained while in the performance of the member's duties as a volunteer emergency medical technician; or

(2) a cardiac disease event:

(A) proximately caused by, and occurring within forty-eight (48) hours of; or

(B) occurring while in;

the performance of the member's duties as a volunteer emergency medical technician.

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1        **Sec. 9. (a) A policy of insurance required by this chapter must**  
 2        **provide for the payment of at least one hundred fifty thousand**  
 3        **dollars (\$150,000) to the member if the member becomes totally**  
 4        **and permanently disabled for a continuous period of at least two**  
 5        **hundred sixty (260) weeks as a result of an injury occurring in the**  
 6        **performance of the member's duties as a volunteer emergency**  
 7        **medical technician. An amount paid to a member under section**  
 8        **7(b)(1) of this chapter is a credit against benefits payable under**  
 9        **this subsection.**

10        **(b) The policy of insurance must also provide for**  
 11        **indemnification to a member who becomes partially and**  
 12        **permanently disabled or impaired as a result of an injury**  
 13        **occurring in the performance of the member's duties as a volunteer**  
 14        **emergency medical technician.**

15        **(c) For purposes of this section, partial and permanent disability**  
 16        **or impairment must be indemnified as a percentage factor of a**  
 17        **whole person.**

18        **Sec. 10. All expenses incurred for premiums of the insurance**  
 19        **required by this chapter must be paid out of the general fund of the**  
 20        **unit in the same manner as other expenses of the unit are paid.**

21        **Sec. 11. If:**

22            **(1) a unit fails to provide for a member the insurance required**  
 23            **by this chapter; and**

24            **(2) a member suffers a loss of the type that the insurance**  
 25            **would have covered;**

26        **the unit shall pay to the member the amount of money that the**  
 27        **insurance would have paid to the member.**

28        **Sec. 12. (a) Each unit that has a provider may procure an**  
 29        **insurance policy or another type of instrument that provides**  
 30        **retirement benefits as an incentive to members for continued**  
 31        **service.**

32        **(b) An insurance policy or other instrument containing**  
 33        **provisions authorized by subsection (a) may not be considered in**  
 34        **the computation of nominal compensation for purposes of this**  
 35        **chapter.**

36        **(c) A member who is covered by an insurance policy or other**  
 37        **instrument containing provisions authorized by subsection (a) is**  
 38        **not eligible for membership in the public employees' retirement**  
 39        **fund under IC 5-10.3 on the basis of that coverage.**

40        **Sec. 13. Each unit that has a provider may procure an insurance**  
 41        **policy for the benefit of an individual who belongs to an auxiliary**  
 42        **group who could be injured while assisting the provider's members**

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1 in the performance of the provider's members' duties.

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